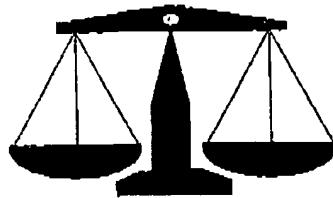


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**Fax**

To: Examiner Candice Capri Stokes  
Art Unit 3732

From: Teresa Euculano, Patent Assistant

Fax: 571-273-8300

Pages: 13

Phone:

Date: December 18, 2006

Re: Response and Amendment  
Patent Application 10/632,263  
Atty Docket # ASH-0109

CC:

Ms. Stokes:

Please find attached the following documents in connection with the above identified application:

- Transmittal Form (1 page);
- Request for Extension of Time (1 page); and
- Amendment ( 10 pages).

Best regards,

*Teresa Euculano*

Teresa Euculano  
Patent Assistant

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/632203
Filing Date	August 1, 2003
First Named Inventor	Dean Hollows et al.
Alt Unit	3732
Examiner Name	Candice Capri Stokos
Attorney Docket Number	ASIT-0109

ENCLOSURES (Check all that apply)										
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> Alter Filing <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):								
Remarks										
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">Firm Name</td> <td>DENTSPLY International Inc.</td> </tr> <tr> <td>Signature</td> <td></td> </tr> <tr> <td>Printed Name</td> <td>Daniel W. Sullivan, Esquire</td> </tr> <tr> <td>Date</td> <td>Reg. No. 34937</td> </tr> </table>			Firm Name	DENTSPLY International Inc.	Signature		Printed Name	Daniel W. Sullivan, Esquire	Date	Reg. No. 34937
Firm Name	DENTSPLY International Inc.									
Signature										
Printed Name	Daniel W. Sullivan, Esquire									
Date	Reg. No. 34937									

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Signature	Teresa Euculano		
Typed or printed name	Teresa Euculano	Date	12/18/06

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